

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↔		↔		↔
TOTAL DEP.	31	↔		↔		↔
TOTAL CLAIMS	34	██████████		██████████		██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.		↔		↔		↔
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		██████████		██████████		██████████